

SURVEILLANCE REQUEST FORM

REQUESTOR/AGENCY INFORMATION

REQUESTOR/AGENCY NAME:

CONTACT NAME:

TITLE:

PHONE:

FAX:

EMAIL:

MAILING ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

PROPOSED SURVEILLANCE LOCATION INFORMATION

PG & E POLE:

BUSINESS NAME:

OWNER NAME:

PHONE:

FAX:

EMAIL:

PHYSICAL ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

MAILING ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

BACKGROUND INFORMATION *(ATTACH ADDITIONAL PAGES IF NECESSARY)*

Describe the magnitude of the problem (amount of tires moved, etc.). What equipment will be needed? What do you expect to find?
Please provide as much detail as possible.

FOR CIWMB USE ONLY

DATE RECEIVED:

DATE REFERRED TO ARB :

☐ HIGH PRIORITY

☐ LOW PRIORITY